

Health Care Authority

Strategic Plan

2007-09

VISION:

Shaping the Future of Health Care

MISSION:

HCA is a leader in health care policy, purchases quality health care and other benefits, and provides excellent service for its programs.

Values:

Service: We are responsive to all our customers (internal and external) and consistently deliver exceptional service.

Integrity: We demonstrate honest and ethical behavior.

Innovation: We recognize and reward initiative and innovation.
Accountability is expected and supported.

Teamwork: We use high functioning teams to provide our customers with the best service possible. We build partnerships with providers, clinics, health care plans, sister agencies, and each other.

Professionalism: We maintain a professional work environment recognizing and encouraging high performance, and mutual respect.

June 1, 2006
Updated, September 2007

Health Care Authority

Strategic Plan to 2009

INTRODUCTION

Over this past two years, leadership has discussed the vision for the Health Care Authority (HCA) and where it needs to go as an organization over the next several years. The Health Care Authority's Strategic Plan reflects the health care and economic challenges that our state faces. The following steps were completed to develop the roadmap to HCA's future directions:

- Reviewed data and information about external environment; including issues facing the agency, Governor priorities, and initiatives from Legislature;
- Reviewed agency Vision and Mission, updating to reflect current and upcoming environment;
- Agreed upon a Values set;
- Completed employee survey, incorporating results into strategic planning process;
- Conducted self-assessment with extended management members, identifying area of strengths and opportunities for improvement;
- Conducted a 360 Leadership Survey with senior management members, discussed results to strengthen overall leadership of agency; and
- Held a variety of management discussions to review goals, ensure clear understanding of expectations for future, the objectives and strategies, and identifying the performance measures which measures progress.,
- Held a retreat for Executive Team to review and revise HCA Strategic Initiatives

The approach and process listed above have set the stage for identifying the agency's strategic direction. The steps included developing measurable strategies that will help meet goals, in addition to monitoring performance in those efforts. This strategic plan speaks to how the agency will accomplish its goals, in addition to be meaningful to staff in the organization and align to common goals.

COMMON THEMES SURFACE DURING MANAGEMENT SELF-ASSESSMENT EFFORTS

In preparation for strategic planning efforts, self-assessment focus teams consisting of agency managers identified what is working well and any gaps that need attention. The outcomes resulted in building a base level of knowledge, completing the assessment, compiling data/information, and discussing the strengths and opportunities in preparation of developing an effective strategic plan. These efforts and investment of time contributed to desire for maintaining a high performance environment. The following represents common themes that surfaced during focus group discussions:

Working Well:

- Agency focus and direction: Administrator and Deputy Administrator's leadership and agency direction (stabilizing focus and priorities)

- GMAP: Continual process improvement efforts are underway in order to refine the Internal GMAP process
- Transparency of information: customer access to information and staff

Room for Improvement

- Communication efforts: create consistency, share information internally, obtain feedback, cross division/program planning and problem solving, communications efforts to all levels within agency
- Recognition efforts: consistently recognize agency successes and staff contributions
- Leadership/Staff development: develop staff for current and/or future roles, provide growth opportunities, action plan for meeting training needs
- Proactive planning: strategically plan agency business direction and focus, communicate priorities, appropriate allocation of resources (FTE/\$), decisions for benefit of HCA and its customers – goal of being proactive vs. reactive in business initiatives
- Data collection and management: confirm business need and value added in data collected, plan for immediate and future data needs (need internally and externally) – need for consistency throughout HCA environment
- Human resource management: staff training to meet business needs (\$ and opportunities); clear expectations of roles; ensure staff accountable for work results and behaviors; provide coaching to foster respectful workplace; maximize Performance Development Plan tool to manage, recognize, and identify expectations of staff; identify the knowledge, skills, and abilities within agency to help complete agency business
- “HCA Team”: continue to build a cohesive HCA team working to achieve mission for the benefit of all customers (avoiding silos)

Gap Areas

- New employee orientation: orient to agency business, priorities, mission (outside of on-payroll paperwork)
- Data management: who (who manage data), what (what data), how (how manage, store, retrieve data); need for consistent and reliable system; build internal capacity

STRATEGIC INITIATIVES and MEASUREMENTS

Goal 1: Performance

Build a high performance HCA organization

Initiative A: Successfully implement a new computer system to manage benefits, eligibility, and accounting processes. (BAIAS)

Measurements:

- SAP software solution selected and purchased June 30, 2007
- RFP for integrator services scheduled for distribution August 2007
- ASV selection scheduled for December 2007
- Integrator start scheduled for March 2008
- Business Process Redesign sub-project to conclude March 2008

Initiative B: Develop a strong Performance Management Program at HCA by July 2008

Measurements:

- Develop quality assurance process for PDP process
- Develop an effective communication program throughout HCA in regards to individual employee performance and how it integrates with program/unit and overall agency performance
- Establish mechanisms to hold management accountable for responsible execution of the performance management system
- Define and communicate the roles and responsibilities of executives, managers, supervisors, employees and others
- Determine and communicate performance management system policies and procedures
- Develop a written training plan including a description of the specific training and orientation that various groups will receive about the performance management program

Initiative C: Improve the agency infrastructure through creative use of technology

Measurements:

- Develop and implement self-service processes to better manage service levels, June 2008
- Refresh infrastructure of aging and at-risk systems by 50%, June 2008
- Improve software development practices and skills in preparation for BAIAS, June 2008
- Reset 5 year strategic plan against agency needs and customer feedback

Initiative D: Improve PEBB eligibility rules

Measurements:

- Research and report on employee benefits eligibility criteria from demographically similar states by December 2007
- Research and report on feasibility of and need for agency request legislation for 2008 session by September 2007
- Research and report on feasibility of amending "substantially equivalent" language of RCW 41.05.065 by December 2007
- Prepare agency request legislation for 2009 session by July 2008.

Goal 2: Quality

Improve the quality of care delivered through the Public Employees Benefits Board (PEBB) and Basic Health (BH) programs.

Initiative E: Develop and begin implementation of the Governor's Blue Ribbon Commission 5 year "Quality Purchasing" plan

Measurements:

- Report due to legislature in September 2007
- Washington State Quality Forum to be operational as a web portal to existing data report by June 2008

Initiative F: Use BH and PEBB procurement and Public Employees Health Plans management to promote healthy practices among enrollees, and expand the use of the most effective care practices for enrollees.

BH Measurements:

- Develop and implement health promotion for 2009 contract.
- Develop and implement additional wellness and disease management programs for contract year 2009
- Establish BH data warehouse by November 2007.
- Using the BH data warehouse, target specific areas of the BH members (i.e., geographic regions, ethnic groups, provider groups, clinics) where additional focus is needed to achieve healthier outcomes for those with chronic disease management issues for 2009 contract.

PEBB/ Public Employees Health Plans Measurements:

- Active participation in Puget Sound Health Alliance as a member of the Board and data supplier (initial provider quality performance reports to be released to the public by January 2008)
- Health Risk Assessment completion rates for state employees who have medical coverage through PEBB will increase to 15% by June 2008

Goal 3: Leadership

Lead in the statewide expansion of access to quality, affordable care.

Initiative G: Ensure that legislatively-directed projects are meeting scope and scheduling expectations.

Goal 4: Cost

Make PEBB and BH more affordable for participants and the state.

Initiative H: Develop an exemplary self-funded preferred provider organization that leads the health care market in consumerism, transparency, medical management, high performance networks and use of evidence-based medicine.

Measurements:

- Oversee smooth transition to ODS as Pharmacy Benefits Manager for UMP and the Aetna Public Employees Plan. ODS to begin services January 1, 2008.
- Develop RFP for TPA services and provider network. Issue RFP in summer 2008, for services to begin January 1, 2010.
- Issue RFP and select vendor to provide comprehensive disease management services for UMP and the Aetna Public Employees Plan. Begin services approximately April 2008. Measure and track Return on Investment (ROI)
- Create and execute project plan for organization change at Public Employees Health Plans. Ensure milestones are achieved within schedule and budget.

Initiative I: Offer affordable, attractive plan options for PEBB enrollees

Measurements:

- Successfully implement a self-insured co-pay plan, the Aetna Public Employees Plan. Aetna to begin customer service support October 2007 and claims processing for medical services starting January 1, 2008.
- Build partnership relationships with Staff Model managed care organizations
 - 2008: Establish quarterly meetings to create a roadmap to achieve:
 - improved quality and outcomes;
 - promotion of consumer education, healthy behaviors, informed choices;
 - market and consumer incentives that encourage the right care at the right time
 - system-wide transparency through explicit, available and understandable reports about costs, outcomes and other useful data
- Complete a managed dental RFP
 - RFP Completed 7/30/07
 - Contracting and Operational Changes due October 2007
- Develop and implement a retiree-only plan
 - Complete analysis of statutes to assess whether agency request legislation is required to implement December 2007
 - Complete stakeholder input December 2007-December 2008
 - Agency Request Legislation, 2009 Legislative Session
 - Effective Date of Insured or Self-Insure Retiree-Only Plan January 2010
- Research and report on feasibility of offering a more affordable Pre-65 Retiree Only Plan, including assessment of statutory changes that may be required June 2008,

Initiative J: Provide Basic Health low-cost coverage in all Washington counties

Measurements:

- Obtain at least one benchmark health plan per county by August 2007
- Implementation of paid claims data warehouse for BH by July 2007
- Develop incentives around healthy outcomes from BH population by January 2008

BUSINESS PLAN STRUCTURE REFLECTS GOALS, OBJECTIVES, STRATEGIES, AND PERFORMANCE MEASURES

The Health Care Authority Strategic Plan marks a departure from previous plans. The development process and resulting structure of significant components are key to successful progress. The 2007-09 Strategic Plan:

- Aligns with and supports the Governor's priorities,
- Reflects a connection to our agency budget activities,
- Organized by goals directly relative to Vision, Mission, Values and core business of agency,
- Works towards creating a sustainable, affordable, high-quality health care system and make Washington's people the healthiest in the world,
- Reflects a commitment to and emphasis on improving cost and quality of health care.

The above aspects of the plan reflect a "planning drives budget" approach to our business and is intended to link financial, program, and management information.

STRATEGIC APPROACH AND ALIGNMENT

HCA's leadership approach is to build a plan of action that maximizes resources, taking proactive steps in managing the current and future health care environments in Washington State. Strategic planning efforts reflect a performance-based approach to management of HCA business and initiatives.

HCA's planning efforts reflect and align with Priorities of Government (POG) and Government Management, Accountability and Performance (GMAP) reviews at the Governor's level. This approach is a logical alignment of the Office of Financial Management (OFM) and HCA business initiatives, ensuring accountability for identified performance measures. HCA is working to incorporate changes and improve existing practices that will:

- Ensure strategic initiative efforts are aligned with budget planning;
- Build capacity within HCA leadership to effectively review performance outcomes and measures;
- Review initiatives and performance measures on consistent basis to ensure accountability, creating opportunities to recognize successes and manage issues that surface;
- Continue to manage resources that support HCA's Strategic Plan.

HCA is working across boundaries within the agency and with other agencies/organizations to make an impact in an ever changing health care system. The plan reaches across divisions to provide an integrated, agency-wide vision for the future.

IMPROVING COMMUNICATIONS AND DECISION-MAKING EFFORTS

In an effort to increase communications and incorporate strategic planning as an ongoing part of agency business, periodic reviews of identified strategies and resource allocations is done – this forum is called '*HCA Internal GMAP*'. This process supports the Governor's GMAP focus on improving the results of state government. Currently, the Internal GMAP program is undergoing process improvements. There will be more focus on alignment with agency priorities as well as creating business approaches for improved internal customer service.

EXTERNAL ENVIRONMENT (Status of Health Care System)

In 2005, the United States spent more on health care than any other industrialized country¹— nearly \$2 trillion, a seven percent increase in spending from the previous year. Spending on health care accounted for 16 percent of our gross domestic product and is on the rise, albeit somewhat more slowly than in years past². In comparison, spending on health care comprised about 22% of the Washington State budget in 2000, but had risen to about 28% of the state budget by 2005.

¹ Karen Davis et al., "Mirror, Mirror on the Wall: An International Update on the Comparative Performance of American Health Care," The Commonwealth Fund.

² Aaron Catlin et al., "National Health Spending in 2005: The Slowdown Continues," Health Affairs, 26(1):142-153, 2007.

Spending at these rates cannot be sustained without severe adverse impacts to other vital services such as education, social services and public safety.

The health care system in Washington State has much strength, including world class health care institutions and dedicated health care providers, but improvements can and must be made to promote increased quality, accountability, and transparency in health care. Governor Gregoire has confirmed her commitment to improving health care delivery by signing an Executive Order to make Washington State a leader in the way the state buys and uses health care. Washington State, as a purchaser of health care for 1.3 million Washingtonians, has a key role in creating a marketplace that emphasizes performance and accountability, by tracking performance measures and making this information transparent for consumers.

Consumers expect to receive health care services that meet their needs, that prevent serious or chronic illness or disability, and that are based on the best scientific knowledge available. Private sector health care purchasers, insurers and benefit administrators, providers, and consumers alike need good information to make appropriate health care decisions. Health information technology is expanding our capacity to gather, analyze, and share crucial health information. Time and money are wasted on unnecessary medical procedures when information is not adequately shared.

State Health Reform Efforts

States across the country are reacting to this crisis and are not waiting for a national solution to the problem. Reform efforts are under way to not only reign in costs, but to get greater value from the health care system through improved access to insurance coverage, greater transparency, higher quality care delivery and outcomes, reduced treatment variability, better use of health information technology, better management of chronic care, wellness promotion and consumer engagement. Washington State is in the forefront of these reform efforts guided by Governor Gregoire's Five-Point Strategy for Improving Health Care and the recommendations of the Blue Ribbon Commission on Health Care Costs and Access.

Governor's Strategy

In 2005, Governor Gregoire set out to improve health care for Washingtonians through five key strategies designed to eliminate wrong or wasteful medical care and improve health care delivery. The five strategies are:

- 1) Emphasize evidence-based health care: In 2006, the Legislature passed ESSHB 2575 establishing the State Health Technology Assessment Program (HTA). This program will evaluate the efficacy of medical devices, procedures, diagnostic tests, and services.
- 2) Promote prevention, healthy lifestyles, and healthy choices: Governor Gregoire has issued Directive 06-03 creating the Washington State Employee Health & Productivity Committee.
- 3) Better manage chronic care: Governor Gregoire has issued Directive 06-02 directing HCA, Department of Social and Health Services (DSHS), and Department of Health (DOH), to collaborate on an initiative to improve chronic illness care in Washington State and develop a new patient-centered model of disease management.

4) Create more transparency in the health system: Governor Gregoire has issued Directive 06-01 directing the creation of a Health Outcomes Advisory Committee to evaluate performance measure data, incorporate evidence-based measures in contracts, and examine the feasibility of collecting fee-for-service performance measures.

5) Better use of health information technology (HIT): In 2005 the Legislature passed SSB5064 directing HCA to work with a Health Information Infrastructure Advisory Board on recommendations for increasing the adoption and use of electronic medical records and its interoperability. A report from this effort was submitted in December, 2006. In 2006, the Legislature passed SHB 2573 which directs HCA to promote HIT adoption through pilot projects, purchasing, and reimbursement strategies.

Blue Ribbon Commission

Guided by the Governor's five-point strategy, the Legislature established in 2006 the Blue Ribbon Commission on Health Care Costs and Access to deliver a five-year plan for substantially improving access to affordable health care for all Washingtonians. The Commission adopted goals that challenged conventional thinking and prompted consideration of how the state would measure success in addressing its most pressing health care concerns. These goals then became four strategies:

1. Build a high quality, high performing health care system
2. Provide affordable health insurance options for individuals and small businesses
3. Ensure the health of the next generation
4. Promote prevention and healthy lifestyles

The Commission report, issued in January, 2007, included 16 recommendations it believes will lead to substantial improvements in access to affordable health care to all Washingtonians if pursued systematically over the next five years.

Healthcare Commitments – Quality, Accountability, Transparency, and Collaboration

From the Blue Ribbon Commission final report, the Governor sponsored legislation passed as E2SSB 5930, an act relating to providing high-quality, affordable health care to Washingtonians based on the recommendations of the Blue Ribbon Commission on Health Care Costs and Access. This bill and another sweeping reform bill in E2SHB 1569 consolidated efforts and multiple initiatives currently underway to deliver on the Governor's commitment to quality, accountability, and transparency. These bills direct the Health Care Authority, in partner with DSHS and other health agencies, to champion the following initiatives and projects:

- Purchase and plan for quality, provider performance, and outcome measures during procurement initiatives.
- Pilot patient decision aids to improve consumers' ability to make informed health care treatment choices.

- Improve chronic care, integrate health information and provide medical homes. Continue to develop models of care for those with chronic illnesses by contracting with providers that can demonstrate improved care.
- Improve transparency of health care information for consumers through the creation of the Washington State Quality Forum and support of the Puget Sound Health Alliance and its efforts to provide Washingtonians with accurate, consistent information on the quality and cost of health care services.
- Deliver on the promise of health information technology by building on the recommendations of the Health Information Infrastructure Advisory Board to meet the goal of achieving a statewide health information infrastructure that all hospitals, integrated delivery systems, and providers can access by 2012 through the use of consumer-centric health record banks.
- With DSHS, eliminate unnecessary ER use in collaboration with community providers and local emergency rooms.
- Expand eligibility in the PEBB coverage for dependents to age 25.
- Promote prevention, healthy lifestyles, and healthy choices. Include performance measures in state health contracts to foster better health outcomes such as improved vaccination rates, smoking cessation, and physical activity. Prepare 5-year plan for health promotion.
- Create the Health Insurance Partnership, a program for small businesses to provide affordable health plan options to their current and former employees. The partnership is modeled after ideas called health insurance connectors or exchanges (like the stock exchange), with the only current implementation occurring in Massachusetts.

Supporting these directives, HCA has been prudently managing health plan and prescription drug costs through procurement strategies and the prescription drug program. PEBB procurement efforts resulted in a reduction of premiums from 4.5 % in 2007 to 3.0% in 2008. The growth trend in 2005 was 11 percent. If that trend had continued, the 2008 costs would be \$192 million more than the current projection³. Portfolio management strategies are producing more affordable health plan choices, consolidation of managed care medical plans, self-insurance and other alternatives, and self-funded preferred provider organizations. The prescription drug program consists of two components: the preferred drug list and the prescription drug purchasing Consortium. Cost avoidance from use of the preferred drug list in the 2005-2007 bienniums was \$44 million. The prescription drug discount program made available to all Washingtonians in early 2007 now has 56,000 enrollees. Average savings amount to 60% on generic drugs, and 20% on brand name drugs. In addition, the Health Technology Assessment Program, authorized by 2006 legislation to promote evidence based coverage decisions, has issued its first coverage directive and is on course to complete its first three coverage decisions in 2007.

Critical in these efforts are public/public and public/private collaboration. The HCA aggressively partners with DSHS's Health and Recovery Services Administration (HRSA, Medicaid), the Department of Health, Department of Labor and Industries (L&I, workers compensation agency), and the Department of Corrections. HCA, HRSA, and L&I are collaborators in the Prescription Drug and Health Technology programs, and the state of Oregon is a collaborator on the drug purchasing Consortium. Numerous private entities (e.g., the Puget Sound Health Alliance, the Hospital and Medical Associations, the health plans, and other community non profits) are critical

³ Governor press release, July 17, 2007

to other HCA efforts in support of the Governor's initiatives, including efforts in health information technology and developing a state-wide health information exchange promoting transparency of health information.

HCA and Health Care Reform

The HCA's role in health care reform has shifted in various ways since its creation. HCA's core programs are PEBB and BH, which provide health care for over 400,000 Washingtonians. In recent years, however, the HCA has assumed key roles in health care reform and collaborative programs. Possibly returning to a role it played in health care reform in the 1990's, the Legislature has increasingly relied on the HCA for key roles in state health policy and leadership. In 2003, the HCA was assigned as lead agency for implementation of initiatives developed by the Agency Medical Directors Group and for the Prescription Drug Program (ESHB 1299 and SB 6088). Subsequent legislative sessions directed the HCA as lead for cross agency initiatives for emerging pay for performance pilot programs (2005 - SHB 1512), Health Information Technology (2005 - SSB 5064), the Drug Purchasing Consortium (2005 – SSB 5471), and Health Technology Assessments (2006 – ESSHB 2575). Finally, in this last legislative session the HCA was directed to lead the Partnership and play key roles in many aspects of the Blue Ribbon Commission recommendations, as described previously.

Our challenge is in implementing these initiatives and programs, sometimes with inadequate resources for completion. HCA may soon reach a saturation point regarding adding new programs, initiatives, and projects. We need to find ways to continue providing a high level of service to our customers and stakeholders, while clearly communicating when we have maximized our resources.

In addition, these issues are complex and don't easily translate into "sound bites" or simple messages to the public. Washington's health reform efforts, led by the Governor's five point plan in 2005, clearly aims to improve access to affordable health care by addressing the health care system's lack of consistent quality and performance standards. However, these efforts do not lead to instant or short term solutions, and many efforts point right back to the individual consumer (how they live their lives, their behavioral choices that affect their health status). Our challenge is to educate our enrollees and the public about these complexities while building realistic expectations about potential outcomes and solutions. At the same time, we need to help them understand how their own behavior and lifestyle choices can positively contribute to their health status and eventually affect their health costs.

AGENCY STAFFING LEVELS

Forecasted staffing needs exceed allocations for the current biennium. The 2007 legislation session brought numerous initiatives and mandates into HCA and in some instances without funding or headcount to appropriately support the expected outcomes. An area of specific concern is the staffing budgeted to the agency's business transformation and Level 3 system replacement project, BAIAS (Benefits Administration Insurance and Accounting System) which to date is appropriated at 16 FTEs. This staffing level cannot sustain the projected work effort needed to

successfully complete this project. Supplemental budget requests will be necessary to ensure adequate resources for the project.

In addition to the number of resources, the agency requires a greater skill level from staff. Most specifically, the agency is experiencing a growing need for skills in the areas of project design/management, analysis, finance, and supervision of people. While HCA has launched an aggressive effort to build project management, business process redesign, and leadership skills among personnel, the collective skill set is at a novice to intermediary level. Expert levels are needed to ensure continued improvement and progress. Efforts to recruit individuals with expert level skills have been difficult. The agency recruited for 86 positions in the 2007 fiscal year and continues to have vacancies in key positions due to a lack of qualified candidates. Many of these positions are new and not replacement of institutional knowledge. It is questionable whether the South Sound region is able to supply enough candidates to meet the overall demands of Washington State as an employer. Innovative recruiting efforts will be necessary to ensure the agency's resource needs are adequately met over the current biennium.

It is also important to note the agency's downtown Seattle operations, the Uniform Medical Plan, struggles to retain and recruit positions as well. The program's business requires a very specific health care industry skill set. Combined with the competitive employment market in Seattle, the Public Employees Health Plans struggle to maintain appropriate staffing levels.

As HCA grows, so does its need for facility space. The agency is currently at capacity in its two buildings and is expanding into a third building at this time. Approximately 75% of the new building space is to accommodate the BAIAS project team and work effort over the next 24-36 months. 25% of the building is allocated to agency growth. This expansion affords the agency the opportunity to transition permanent agency operations into exiting BAIAS space if needed over the next three to five years.

AGENCY TECHNOLOGY STATUS

A key component to HCA's strategic planning and performance management efforts is the need for appropriate technology resources. Information Services leadership has developed a strategic plan in support of the agency plan. The high-level strategies are:

- Improve the IT service management practices and process
 - Continue process development and improvement based on Information Technology Infrastructure Library (ITIL)/Information Technology Service Management (ITSM) best practices
 - Implement metrics for measuring and reporting on key IT services
- Invest in infrastructure
 - Identify and replace end-of-life/at-risk systems
 - Leverage existing Department of Information Services to achieve greater economies of scale
- Ramp up for the Benefits Administration and Insurance Accounting System (BAIAS) Project
 - Build an implement modern practices around software configuration, change and release management

→ Hire additional resources and expertise in support of the effort

FINANCIAL PLAN ASSESSMENT

HCA is funded by a mixture of appropriated, budgeted non-appropriated and non-budgeted funds. Funding for benefits, direct administration, and a proportionate share of program support related to PEBB come from the non-budgeted Public Employees and Retirees Insurance Account. The PEBB Plan is funded through member premiums and state and other public agency employer contributions. Employee benefit costs are paid directly from this account. Administrative activities are paid through one of four budgeted sub-accounts: the Health Care Authority Administrative Account, the Uniform Dental Plan Benefits Administration Account, the Self Insured Co Pay Plan Account, and the Uniform Medical Plan Benefits Administration Account.

HCA receives premium revenue from enrollees in the subsidized BH program to cover the portion of medical premiums not paid (subsidized) by the state through the Health Services Account. Enrollees in the lowest cost or state benchmark plan are charged on a sliding scale based on income. HCA receives premium revenue from enrollees in the non-subsidized BH to cover the full cost of their health care premiums. For adults, \$10 per member per month is also charged to pay the HCA's administrative costs for the non-subsidized program. Other agency administrative costs related to BH are paid with Health Services Account funds, with some revenue from the Medicaid Program for the costs of administering the accounts of clients eligible for Medicaid.